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Schizophrenia and induced abortions: A national register-based follow-up study among Finnish women born between 1965 –1980 with schizophrenia or schizoaffective disorder



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abstract

Background: The objectives of this study were to investigate, in women with schizophrenia or schizoaffective disorder, the number and incidence of induced abortions (= pregnancy terminations performed by a physician), their demographic characteristics, use of contraceptives, plus indications of and complications related to pregnancy termination.

Methods: Using the Care Register for Health Care, we identified Finnish women born between the years 1965 – 1980 who were diagnosed with either schizophrenia or schizoaffective disorder during the follow-up period ending 31.12.2013. For each case, age- and place-of-birth- matched controls were obtained from the Population Register of Finland. Information about births and induced abortions were obtained from the Medical Birth Register and the Induced Abortion Register.

Results: The number and incidence of induced abortions per 1000 follow-up years did not differ between cases and their controls. However, due to fewer pregnancies, cases exhibited an over 2-fold increased risk of pregnancy termination (RR 2.28; 95% CI 2.20–2.36). Cases were younger, were more often without a partner at the time of induced abortion, and their pregnancies resulted more often from a lack of contraception. Among cases, the indication for pregnancy termination was more often mother-to-be's medical condition. Induced abortions after 12 weeks gestation were more common among cases. However, cases had no more complications related to termination.

Conclusions: The incidence of induced abortions among Finnish women with schizophrenia or schizoaffective disorder is similar to the general population, but their risk per pregnancy over two-fold. They need effective, affordable family planning services and long-term premeditated contraception.

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1. Introduction

De-institutionalization and second-generation antipsychotics with less endocrine side-effects have enabled women with schizophrenia

